

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

August 13, 2015

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: TAMMY MOFFITT, CHIEF OF PROGRAM INTEGRITY

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
MSM ADDENDUM - DEFINITIONS

BACKGROUND AND EXPLANATION

Revisions to the Medicaid Services Manual (MSM) Addendum are being proposed to update the following definitions: Emergency Care, Emergency Medical Condition, Hospital, Inpatient Hospital Services, and Inpatients.

These changes are effective September 1, 2015.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
CL 29198 MSM ADDENDUM - DEFINITIONS	MTL 08/11, 35/11, 02/13 MSM ADDENDUM - DEFINITIONS

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
E		Updated definition for Emergency Care to Emergency Dental Care.
		Updated definition of Emergency Medical Condition.
H		Updated definition of Hospital.
I		Updated definition of Inpatient Hospital Services.
		Updated title and definition of Inpatients.
M		Updated definition of Medical Emergency.

DRAFT	MTL-08/11 CL 29198
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: E
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

ELECTRONIC VERIFICATION OF SERVICES (EVS)

EVS is a means to verify an individual's eligibility for services covered by the State of Nevada's Medicaid program, via an Internet access account.

ELIGIBILITY

The term eligibility is used to reference to a recipient's status of being approved to receive Medicaid program benefits.

An individual's Medicaid eligibility status should not be confused with authorization for the services a provider has requested. Conversely, providers who receive written Prior Authorization of payment for services must still check the recipient's monthly Medicaid/Managed Care eligibility status.

ELIGIBILITY NOTICE OF DECISION (NOD)

Eligibility NOD is the notification sent to an individual by the Nevada State DWSS giving eligibility decisions regarding their application for Medicaid services.

ELIGIBILITY STAFF

Eligibility staff are state employees who are responsible for determining financial and/or categorical need for Medicaid and NCU.

EMERGENCY **DENTAL** CARE

Emergency dental services do not require PA. For those persons under 21 years of age, emergency care involves those services necessary to control bleeding, relieve significant pain and/or eliminate acute infection, and those procedures required to prevent pulpal death and/or the imminent loss of teeth. For persons 21 years and older, emergency care consists of emergency extractions and palliative care.

EMERGENCY MEDICAL CONDITION

A medical condition (**including labor and delivery**) manifesting itself by **the sudden onset of** acute symptoms of sufficient severity (including severe pain) ~~that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect~~ such that the absence of immediate medical attention **could reasonably be expected** to result in **either placing the health of the an individual's health** (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; **resulting in** serious impairment to bodily functions; ~~or~~ **serious dysfunction of any bodily organ or part, or serious physical harm to another.**

DRAFT	MTL-08/11 CL 29198
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: H
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

HOSPITAL

A ~~hospital is an~~ Medicare-certified and state licensed inpatient medical facility ~~licensed to that~~ provides services at an acute ~~level of care (LOC)~~ for the diagnosis, care, and treatment of human illness primarily for patients with disorders other than mental diseases. ~~For purposes of Medicaid, a "hospital" must meet the requirements for participation in Medicare as a hospital. It~~ and is not an Institution for Mental Diseases (IMD), or a Nursing Facility (NF), ~~or an ICF/MR, regardless of name or licensure.~~

DRAFT

DRAFT	MTL-08/11 CL 29198
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: I
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The federal law that mandates that a free and appropriate public education is available to all school-age children with disabilities.

INFORMED CONSENT

A hospice must demonstrate respect for a recipient's rights by ensuring that an informed consent form specifying the type of care and services that may be provided as hospice care during the course of the illness has been obtained for every individual, either from the recipient or designated representative.

INHERENT COMPLEXITY

A service that by nature of its difficulty requires the skills of a trained professional to perform, monitor, or teach. This definition is used by HHA's to determine the need for skilled services and the type of provider.

INNOVATOR MULTI-SOURCE DRUG

An innovator multi-source drug was the original single-source drug before generic drug introduction into the market. The remainder of the manufacturers produce, only generic (multi-source) drugs.

INPATIENT HOSPITAL SERVICES

~~"Inpatient hospital services" are s~~Services ~~ordinarily furnished in a hospital for the care and treatment of an inpatient under the direction of~~ ordered by a physician or dentist ~~and furnished in an institution that;~~ primarily for the care and treatment of individuals with disorders other than mental illness, admitted to a Medicare-certified and state licensed hospital that has a utilization review plan in effect that meets the requirements of 42 CFR 482.30, 42 CFR 456.50, and 42 CFR 440.10. Inpatient hospital services do not include skilled nursing services furnished in a swing-bed.

- ~~1. is maintained primarily for the care and treatment of patients with disorders other than tuberculosis;~~
- ~~2. is licensed as a hospital by an officially designated authority for state standard setting;~~
- ~~3. meets the requirements for participation in Medicare; and~~
- ~~4. has in effect a utilization review plan, applicable to all Medicaid patients, that meets the requirements of 42 CFR 482.30, 42 CFR 456.50 456.145 and 42 CFR 440.10~~

INPATIENTS

~~Inpatients are those~~ An inpatient is an individuals receiving room, board, and medical care in an ~~general or specialty hospital or NF. Individuals living in Adult Group or Child Care Facilities are not considered inpatients.~~

DRAFT	MTL-08/11 CL 29198
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: I
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

~~Persons who are bedfast and receiving home health care in a private residence are not considered inpatients, acute, critical access, psychiatric, or specialty hospital or nursing facility.~~

INSTITUTIONAL STATUS

For purposes of Medicaid eligibility, please refer to the Welfare Division Eligibility Manual and cross references in Chapter 500 of the MSM.

INSTITUTIONS FOR MENTAL DISEASES (IMDs)

A hospital, NF or institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. Whether an institution is an IMDs is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such (42 CFR 435.1009). In Nevada, IMDs are commonly referred to as “psychiatric hospitals.”

Nevada Medicaid only reimburses for services to IMD/psychiatric hospital patients who are age 65 or older, or under age 21.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

IADLs are activities related to independent living including preparing meals, shopping for groceries or personal items, performing light or heavy housework, communication and money management.

INTENSITY OF NEEDS DETERMINATION

The assessed level of needs and the amount, scope and duration of RMH services required to improve or retain a recipient’s level of functioning or prevent relapse. The determination cannot be based upon the habilitative needs of the recipient. Intensity of needs determination is completed by a trained QMHP or QMHA. Intensity of Needs Determinations are based on several components consistent with person and family centered treatment/rehabilitation planning. Intensity of Needs redeterminations must be completed every 90 days or anytime there is a substantial change in the recipient’s clinical status.

These components include:

1. A comprehensive assessment of the recipient’s level of functioning;
2. The clinical judgment of the QMHP; and
3. A proposed Treatment and/or Rehabilitation Plan.

DRAFT	MTL-08/11 CL 29198
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: M
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

MEDICAL EMERGENCY

Medical Emergency is ~~a situation~~ the sudden onset of an acute condition where a delay of 24 hours in treatment could result in very severe pain, loss of life or limb, loss of eyesight or hearing, injury to self or bodily harm to others. This is a higher degree of need than one implied by the words "medically necessary" and requires a physician's determination that it exists.

MEDICAL HOME

Refers to inclusion of a program recipient on the patient panel of a Primary Care Physician and the ability of the recipient to rely on the PCP for access to and coordination of their medical care.

MEDICAL SUPERVISION

The documented oversight which determines the medical appropriateness of the mental health program and services rendered. Medical supervision must be documented at least annually and at all times when determined medically appropriate based on review of circumstance. Medical supervision includes the on-going evaluation and monitoring of the quality and effectiveness of the services provided and may be provided through on and offsite means of communication. Medical supervision may be secured through a current written agreement, job description, or similar type of binding document. BHCNs and all inpatient mental health services are required to have medical supervision.

MEDICAL SUPERVISOR

A licensed physician with at least two years experience in a mental health treatment setting who, as documented by the BHCN, has the competency to oversee and evaluate a comprehensive mental and/or behavioral health treatment program including rehabilitation services and medication management to individuals who are determined as SED or SMI.

MEDICAL TRANSPORTATION

Transportation is any conveyance of a Medicaid recipient to and from providers of medically necessary Medicaid covered services, or medical services that Medicaid would cover except for the existence of prior resources such as Medicare, Veterans' coverage, workers' compensation, or private health insurance.

MEDICARE SAVINGS PROGRAM

1. QMBs without other Medicaid (QMB Only) - These individuals are entitled to Medicare Part A, have income of 100% FPL or less, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State Plan, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers. FFP equals the Federal Medical Assistance Percentage (FMAP).

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SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 2500 - CASE MANAGEMENT

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 2500 are being proposed to clarify that qualified providers may provide Targeted Case Management (TCM) services to the Target Group-Juvenile Probation Services (JPS) population statewide. This will be done in accordance with the Nevada State Plan section, Supplement 1 to Attachment 3.1-A.

These changes are effective September 1, 2015.

MATERIAL TRANSMITTED

CL 29137
CHAPTER 2500 - CASE MANAGEMENT

MATERIAL SUPERSEDED

MTL 04/15
CHAPTER 2500 - CASE MANAGEMENT

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
2502.4.A.1	Target Group-Juvenile Probation Services (JPS)	Added clarification to allow qualified providers to provide Targeted Case Management (TCM) services to the Target Group - Juvenile Probation Services (JPS) statewide. The change removes the language "Washoe County JPS and Clark County Juvenile Justice Services" and add "within all counties of Nevada".

DRAFT	MTL-04/15 CL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2502
MEDICAID SERVICES MANUAL	Subject: DEFINITIONS

d. Social or emotional development; or

e. Adaptive development.

3. Children also are eligible who have a diagnosed physical or mental condition which has a high probability of resulting in developmental delays.

4. Informed clinical opinion must be used in determining eligibility for services as a result of a development delay.

2502.4 TARGET GROUP — JUVENILE PROBATION SERVICES (JPS)

A. Juvenile Probation Services are:

1. Covered services provided to juveniles on probation (referred or under the supervision of juvenile caseworkers) ~~for Washoe County within all counties of Nevada JPS and Clark County Department of Juvenile Justice Services.~~

2. Covered services provided to family member(s) who are Medicaid eligible whose children are on probation.

2502.5 TARGET GROUP — PERSONS WITH INTELLECTUAL DISABILITIES OR RELATED CONDITIONS

Persons with intellectual disabilities or related conditions are persons who:

a. Are significantly sub-average in general intellectual functioning (intelligence quotient (IQ) of 70 or below) with concurrent related limitations in two or more adaptive skill areas, such as communication, self-care, social skills, community use, self-direction, health and safety, functional academics, leisure and work activities.

Persons with related conditions are individuals who have a severe chronic disability. It is manifested before the person reaches age 22 and is likely to continue indefinitely. The disability can be attributable to cerebral palsy, epilepsy or any other condition, other than mental illness, found to be closely related to intellectual disabilities because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of an intellectually disabled person and requires treatment or services similar to those required by these persons.

The related condition results in substantial functional limitations in three or more of the following areas of major life activity:

1. Self care.